Youth Training Academy Program

Youth Training Academy is a job preparation program for students ages 16 and older with internship opportunities that expose them to the world of work.

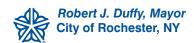
Who's Eligible?

City of Rochester youth currently enrolled in high school, 16 and older, who have a 2.0 ("C" average), have not had a long-term suspension during the school year, and have minimum 90% school attendance for the year.

Where to Apply?

Youth Services Center 80 Commercial Street Rochester, NY 14614 585-428-6448





CHILD / FAMILY INFORMATION

To be completed by parent/guardian. Please complete al the information (printing clearly in black or blue ink) and sign where required. CHILD'S NAME _____ NICKNAME STUDENT ID # FEMALE ____ BIRTHDAY _____ AGE ____ MALE ____ SCHOOL ATTENDING _____ CURRENT GRADE _____ ATTACH A COPY OF MOST RECENT REPORT CARD City of Rochester youth ages 16 and older must have: • A 2.0 ("C" average) or higher GPA for the current marking period. • Minimum 90% school attendance for the year. No long term suspensions during the school year. HOME ADDRESS ZIP ____ ____ LANGUAGES SPOKEN AT HOME ____ **HOME TELEPHONE NUMBER (** PARENT/GUARDIAN INFORMATION MOTHER / GUARDIAN NAME ______ FATHER / GUARDIAN NAME _____ ADDRESS ______ ADDRESS _____ HOME PHONE HOME PHONE WORK PHONE ______ WORK PHONE _____ PLACE OF EMPLOYMENT _____ PLACE OF EMPLOYMENT **EMERGENCY INFORMATION / CHILD PICK-UP AUTHORIZATION** If my child requires emergency medical care and I cannot be reached, I give my consent to the Youth Training Academy Program to obtain the necessary medical care for my child. I agree to pay all of the costs associated with the emergency medical care that my child receives. In case of emergency, and the Youth Training Academy Program staff are unable to reach the parent/guardian listed above, the following individuals have permission to make decisions regarding the care of my child, including permission to pick up my child from the Youth Training Academy Program in case of an emergency or dismissal from the program: ______ NAME _____ NAME _____ _____ RELATIONSHIP TO CHILD _____ RELATIONSHIP TO CHILD _____ HOME PHONE ______ WORK PHONE _____ HOME PHONE _____ WORK PHONE _____ ADDRESS _____ _____ ADDRESS _____

HEALTH INFORMATION

Indicate YES where it applies and explain as necessary below

Asthma	Hearing	Operations	
Diabetes	Vision	Hay Fever	
Special Diet	Illness	Poison Ivy	
Convulsions	Injury	Insect Bite Allergies	
Physical Restrictions	Psychological / Emotional	Medication	
Learning Disabilities	ADD / ADHA	Food Allergies	
Allergies	Other	Other	
IS YOUR CHILD CURRENTLY TAKING PRESCRIBED OR OVER-THE-COUNTER MEDICATION? YES NO			
IS YOUR CHILD COVERED BY ANY HOSPITALIZATION / MEDICAL CARE POLICY? YES NO			
Please provide a copy of your hospitalization card. (A copy can be made by staff for your convenience.)			
MEDICAL DOCTOR			
ADDRESS			
PHONE NUMBER			

CHILD'S PROFILE

The following information will help us to better understand your child and his / her needs. 1. ARE THERE ANY KNOWN SPEECH, HEARING OR VISION DIFFICULTIES?		
2. ARE THERE ANY MEDICAL PROBLEMS THAT REQUIRE SPECIAL ATTENTION OR OF WHICH WE SHO	ULD BE AWARE?	
3. DOES YOUR CHILD DISPLAY ANY EMOTIONAL FEARS, BEHAVIOR PROBLEMS OR DIFFICULTIES IN D	DEALING WITH OTHERS?	
4. DOES YOUR CHILD RECEIVE ANY SPECIAL SERVICES THROUGH SCHOOL?		
5. IF YOU COULD DESCRIBE YOUR CHILD IN ONE PHRASE, WHAT WOULD IT BE?		
6. WHY DO YOU WANT YOUR CHILD IN THIS PROGRAM?		
7. ACTIVITIES YOUR CHILD CANNOT PARTICIPATE IN?		
8. IS THERE ANYTHING ELSE WE SHOULD KNOW ABOUT YOUR CHILD?		
I, the undersigned, hereby enroll my child,	Commercial Street, Rochester, New York, vell being during the hours of the program	
I have provided the staff with pertinent, complete and correct information which may assist the You child, including, but not limited to: allergies, pervious or existing illnesses or conditions, sunburn sensitive disabilities or limiting conditions, emotional development or behavioral difficulties.		
The Youth Training Academy Program for my child begins when the child has reached the program of Program staff person.	and checked in with a Youth Training Academy	
It is my responsibility to arrange for my child to be picked up at dismissal time. If my child is not pick have failed, another authorized person will be contacted. If all attempts to contact an authorized person Training Academy Program will contact Child Protective Services and/or police officials.		
I hereby give permission to record the image and/or voice of my child for newsletters, special proje releases. I understand that I will not be informed or reimbursed for such photographs or videos.	cts, brochures, web sites or newspaper	
Should a person arrive to pick up my child who appears to be under the influence of drugs or alcohorecourse but to contact the police.	ol, for the child's safety, staff may have no	
The Youth Training Academy Program is mandated by the state law to report any suspected cases of authorities.	of child abuse or neglect to the appropriate	
My signature acknowledges my understanding of, and agreement to the above and that all informa	tion I provide is accurate and complete.	
PARENT/GUARDIAN SIGNATURE	DATE	
PARENT / GUARDIAN NAME- PRINTED	RELATIONSHIP TO CHILD	